

# Housing Rehab Contractor's Qualifications Statement

Please attach a photocopy of contractor's license and EPA Certification. All questions must be answered in full. Additional sheets for clarification of answers or additional information must be attached. **This statement must be notarized.**

1. Name, address, phone number, contractor license #, and IRS number (or last 4 digits of owner's social security #) of company.
  
2. List company's owner and principal officer and date and place organized.
  
3. Describe general character of work performed.
  
4. List any work awarded failed to be completed or contracts defaulted on. Note where and why.
  
5. List three most important recent contracts over \$10,000. State the owner, work, approximate cost, place, date started and date completed.
  1. \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
  2. \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
  3. \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
  
6. List the contracts upon which you are currently working. State the owner, location, approximate cost, and estimated date of completion.

7. List three material suppliers and amount of credit available.

1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_

8. List bank references and amount of credit available.

1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_

9. List insurance coverage and amount.

Liability-Property : \_\_\_\_\_ \$ \_\_\_\_\_  
Liability-Personal Injury : \_\_\_\_\_ \$ \_\_\_\_\_  
Vehicle and Equipment : \_\_\_\_\_ \$ \_\_\_\_\_  
Other- \_\_\_\_\_ : \_\_\_\_\_ \$ \_\_\_\_\_  
*Identify*

10. List subcontractors utilized. State name, address, specialty, subcontractor license #, and years of experience.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
License # \_\_\_\_\_ Years of Experience \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
License # \_\_\_\_\_ Years of Experience \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
License # \_\_\_\_\_ Years of Experience \_\_\_\_\_

11. Provide a general description of the experience of the company and its key personnel.

12. Number of current full-time employees \_\_\_\_\_

Number employed at highest level in past twelve months \_\_\_\_\_

13. Are you on any list of debarred contractors maintained by the U.S. Department of Labor, U.S. Department of Housing & Urban Development, or Virginia Department of Highways?  YES  NO

14. All contractors, subcontractors and their workers, including electricians, must have appropriate lead-based paint training in order to be considered for work under this program. Have any of your workers attended this training?  
 YES  NO If yes, complete the Employee Training Record.

If not, they will be required to attend the training before they can work on a project site. Do you need information about lead training and certification classes?  
 YES  NO

Are you an EPA certified "Renovation, Repair and Painting" firm?  
 YES  NO

The undersigned hereby authorizes and requests any person, firm or Corporation to furnish any information requested by \_\_\_\_\_ in verification of the recitals comprising this statement of contractor's qualifications:

Contractor: \_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**CITY/COUNTY/TOWN OF \_\_\_\_\_**  
**COMMONWEALTH OF VIRGINIA**

\_\_\_\_\_ being duly sworn deposes and says that he/she is  
\_\_\_\_\_ of \_\_\_\_\_  
and that the answers to the foregoing questions and all statements therein contained are true and correct.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Registration number: \_\_\_\_\_

**LEAD BASED PAINT RELATED TRAINING AND CERTIFICATIONS  
EMPLOYEE RECORD**

Contractor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Name	Training Type and Level
	Certified Renovator #:

**Note: At a minimum, each contractor must also have EPA Certification in “Renovation, Repair and Painting” as a firm and at least one individual Certified Renovator assigned to the project.**